Appendix II.

[Vide answer to starred question No. 106 asked by Sri T. L. Sasivarna Thevar (on behalf ot Sri D. Subramania Rajakumar at the meeting of the Legislative Assembly held on 11th December 1959, page 474 supra.]

Names of villages that will be benefited in Sivaganga taluk under the Vaigai Project Canals Scheme.

Lessies Kal.	*Shield Kal.*
1 Alagachipatty	1 Kallarathinipatty
2 Melapungudy.	2 Alagamangari.
3 Malampatty.	3 Namanoor.
4 Saloor.	4 Alavakottai.
5 Kandangipatti.	5 Thirumalai
6 Kutturvupatti.	6 Melapungudi.
7 Thamarkki,	7 Kalladambal.
8 Kumarapatti.	8 Nalukkottai.
9 Mudikondan.	9 Saloor.
	10 Solapurram.

Appendix III.

[Vide answer to starred question No. 141 asked by Sri S. Lazar at the meeting of the Legislative Assembly held on 11th Demember 1959, page 490 supra.]

***Clause** (b) of the question :*

Subjects discussed at the District Medical Officers' Conference.

***Primary** Health Centres :*

1. Vans to Primary Health Centres.
2. Posting of Medical Officers to the Primary Health Centres and Rural Dispensaries—difficulties.
3. Maternity Assistants—difficulty in getting candidates for appointment.

Medical Stores Depot—Supply :

1. Stores—Irregular supply by Medical Stores Depot—Madras.
2. Supply position and local purchase of equipments and appliances.
3. Stores and equipment—purchase of surgical instruments.
4. Inadequacy of drugs, required to Local Fund Institutions.

Jail Supply :

Difficulties experienced by the Heads of Medical Institutions in the matter of obtaining standardised articles of furniture from the Jail Department.

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Tender—Diet articles :

1. Issue of hand-pounded rice for patients—unsuitability.
2. Supply of milk by Co-operative Societies.

Expansion Schemes :

Creation of a separate section of Public Works Department in each District Headquarters Hospital.

District Administration :

1. Appointment of statistician in all District Headquarters Hospitals and the office of the Director of Medical Services.
2. Emlpoyment of Lay Secretary and Treasurer in each district.
3. Appointment of a separate touring Medical Officer in the cadre of Civil Surgeon to do district work.
4. Assistant Surgeons—scale for appointment of.
5. Establishment—Ministerial staff—Inadequate Ministerial staff.
6. Establishment—Ministerial—Sanction of a Lower Division Clerk to each Medical Institution with a sanctioned bed strength of 20 and above.
7. Transfer of Nurses.
8. Nursing and Auxiliary personnel—one nurse for 5 beds.
9. Training of Maternity Assistants.

Medico Legal Work :

1. Training in Medico legal work in conduct of post-mortem examination to Assistant Surgeons in District Headquarters and Taluk Headquarters Hospital before posting them to Independent Institutions.
2. Prohibition cases—Payment of allowance to Medical Officers.

Medical Treatment :

Advanced Pulmonary T.B. Patients—treatment regarding.

Stores and equipment :

Financial powers.

Clause (c) of the question :

Recommendations made at the Conference.

Primary Health Centres.—The Director of Public Health was requested to examine the question of giving three months training to all Auxillary Nurse Midwives who had completed S.S.L.C. and posting them as Health Visitors in the Primary Health Centres to satisfy the conditions of the UNICEF to get their aid. At present they are posted to Primary Health Centres on a temporary basis. The Director of Public Health was requested to explore the possibility of posting them permanently after giving them a shortened course of training for about six months, if necessary, and address the UNICEF on this matter.

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One Ayah for every Maternity Assistant was considered to be an absolute necessity by all the District Medical Officers.

The District Medical Officers be delegated with powers to replace tyres of the vans, after a reasonable wear and tear.

Hereafter Primary Health Centres should not be opened unless buildings for the Centre and the quarters for the staff were ready.

The following fixed travelling allowance was recommended to the staff in the Primary Health Centres :—

Medical Officer—Rs. 50 per mensem.
Health Visitor—Rs. 30 per mensem.
Health Inspector—Rs. 40 per mensem.
Pharmacist—Rs. 20 per mensem.
Maternity Assistant—Rs. 20 per mensem.

Driver—Rs. 20 or that amount which is given for the drivers in the Development blocks.

The Pharmacist should be in charge of the Primary Health Centre during the absence of the Medical Officer.

The Medical Officers in Primary Health Centres be given rent-free quarters.

The Tahsildar's rate had to be obtained before purchase of diet articles. The Tahsildars either quoted low prices or gave quotations very late. And it was found difficult to get persons who could supply at those rates. To avoid this, the Medical Officers be given the power to purchase the requirements locally if the price did not exceed the rate at which similar items were supplied to the nearest hospital.

Scale of pay of Medical Officers.—The following scale of pay was recommended for the members of the Madras Medical Service :—

Assistant Surgeons—250—15—400—E.B.—25—500.
Selection Grade Assistant Surgeons—500—25—650.
Civil Surgeons—Rs. 650—50—1,000.

Supplies from Medical Stores Depot.—The District Medical Officers should send their indents in time for prompt supply.

The District Medical Officers under whom the Local Fund Institutions were functioning should see that the institutions send their indents in time and sufficient funds were placed at the disposal of the Medical Stores Depot in advance for supply of medicines.

The Medical Stores Depot should immediately release that amount which was equivalent to the cost of 'hereafter' items to enable the Local Fund Authorities to purchase these medicines from the local market.

The amount given from the Block Development Funds might be used for the purchase of medicines from the local market.

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Jail supply.—On receipt of an indent, the Jail Department should inform the indentor as to how long they would take to supply the articles, and if it would take more than four weeks for them to supply the articles or if no reply was received within four weeks' time, the indenting officer should be allowed to purchase the articles from the local market after contacting the Industries Department in the same manner.

Hand-pounded rice.—The Director of Industries and Commerce should be addressed for the regular supply of good quality hand-pounded rice through the Cottage Industrial Co-operative Societies.

The Medical Officers should be liberal in giving self-diet passes to patients who required them and cut down the cost of diet supplied in the hospitals.

Milk supply.—Assistant Surgeons or the District Medical Officers should also be classified as sampling officers along with the Health Inspectors and the Health Officers. Suitable modifications should be made in the Food Adulteration Act.

The Director of Public Health was requested to send a circular to all the Food Inspectors to co-operate with the District Health Officers and District Medical Officers in detecting the food adulterers.

Plan schemes.—Of late, since it was found that the Public Works Department was helpful in the expeditious preparation of plans, it was considered unnecessary to establish Public Works Department sections either in the District Medical Officers' offices or in the Director of Medical Services Office.

The District Medical Officers should contact the Executive Engineers of the division for rectifying minor repairs to buildings. Regarding plan schemes, the District Medical Officers might send the proposal to the Director of Medical Services, with a layout of the site, so that the Director of Medical Services could contact the Superintending Engineer and get the plan prepared at the earliest possible date.

Powers should be delegated to the District Medical Officers to purchase table fans for the use of the Medical Officers without approachnig the Public Works Department authorities, once the amount was sanctioned by the Government.

Roads inside the hospital compound and near the wards should be either cement plastered or tarred.

As in the case of selection of buildings for accommodating the Nurses, the District Medical Officers should be empowered to select buildings for housing the Leprosy Centres without consulting the Public Works Department.

The Accountant-General be addressed not to object to the payment of a higher rent for buildings occupied by Nurses owing either to transfer of nurses or on the vacation of one or two nurses from the quarters after their marriage.

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Ministerial establishment.—The following were recommended :—

(1) A steno-typist to every District Medical Officer.

(2) One Upper Division Clerk for every District Medical Officer's office for doing the statistical work.

(3) One Statistical section in the office of the Director of Medical Services with a Superintendent, two Upper Division Clerks and two Lower Division Clerks.

(4) Increase of the special pay of Rs. 5 given to Pharmacists for doing clerical work, to Rs. 10.

(5) One Lower Division Clerk to every Hospital except those hospitals where it could be managed with a Pharmacist.

(6) An attender and one lascar for the Out-Patient Department for writing out-patient tickets where the out-patients' number is 400 and above daily.

(7) Two attenders and two lascars to every District Headquarters Hospitals to work in the out-patient department.

(8) One Lay Secretary and Treasurer to every District Headquarters Hospital irrespective of the bed strength.

(9) One Manager in the scale of Rs. 140—5—190 to supervise the ministerial establishment and one Upper Division Clerk in the scale of Rs. 80—5—110 for dealing with the Planning and Development, besides those already existing, to every headquarters hospital.

(10) Every hospital with a bed strength of 150 beds and above to have, in addition to the staff for the district administration, one diet clerk and one store clerk.

Transfer of nurses.—The District Medical Officers to write to the Director of Medical Services immediately on their noticing that a particular nurse was detrimental to the smooth working of the institution owing to local influence, etc., and should be transferred. In emergencies they might transfer nurses on such grounds within their districts and get the ratification of the Director of Medical Services.

The work of the Family Planning Nurses was said to be unsatisfactory though special privileges like limited hours of duty, off duty, no night duty, etc., were given to them. To avoid this discriminatoin and differenciation between one nurse and the other, working in the same institution, the District Medical Officers were of the opinion that Family Planning training should also be made compulsory to all nurses except those who had conscientious objection. The District Medical Officers be given the discretion to utilise a nurse in a specialist department, in other departments also when the latter had no work in the department.

The possibility of deputing five nurses at a time every month, to each district headquarters hospital for training in Family Planning should be considered.

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The District Medical Officers were of unanimous opinion that married nurses should be appointed only as part-time nurses. They were also against appointment of male nurses.

The Nursing Cadre should be increased at least by 12½ per cent and this be considered under the Part II Scheme for 1960–61.

Training of Maternity Assistants.—The number of stipendiaries in each institution should be sufficiently increased.

Medico-legal work.—A proposal to train Medical Officers in the Medico-legal work was sent to Government and if that was approved by Government, the Medical Officers would be trained in this work. The District Medical Officers should suggest names of Assistant Surgeons to be deputed for training in the Madras Medical College and the Madurai Medical College. Every month at least one Medical Officer from each district would be sent for training in the nearest Medical College.

Prohibition cases—Payment of an allowance to Medical Officers.—An allowance of Rs. 2 for each prohibition case examined by the Medical Officers was recommended.

Treatment of advanced tuberculosis cases.—The Medical Officers should use their discretion and as far as possible, where there was no Sanatorium, the patients might be accommodated in the Infectious Diseases Shed in the hospital concerned.

Increasing the financial powers of the District Medical Officers.—Owing to the increase in the cost of equipment, etc., it was unanimously agreed that the financial powers of the District Medical Officers should be raised to Rs. 1,000.

Library to every Headquarters Hospital.—Every District Headquarters Hospital should have a library and a recurring grant should be given by Government as in the case of Medical Colleges. Rs. 1,000 was considered to be a reasonable grant for a District Headquarters Library. Collection of subscription from members might be stopped on receipt of the grant from Government. But the grant received from the municipalities might be obtained.

Certain standard books like Emergency Surgery, etc., should be invariably kept in every taluk Headquarters Hospital if not in all Hospitals and Dispensaries.

Staff for hospitals owing to increase in bed strength.—Hereafter any increase in the bed strength of a hospital should automatically be followed by sanction of the necessary staff to man the same according to the scale.

Posting of one Assistant Surgeon for every 20 beds would be considered when the Assistant Surgeons' Cadre Strength increased.